

SATISFACTION snapshot

news, views & ideas from the leader in healthcare satisfaction measurement

The Satisfaction Snapshot is a monthly electronic bulletin freely available to all those involved or interested in improving the patient/client experience. Each month the Snapshot showcases issues and ideas which relate to improving patient satisfaction and customer service, improving workplace culture and improving the way we go about our work in the healthcare industry.

The Satisfaction Snapshot features:

- « relevant articles from healthcare industry experts
- « case study success stories
- « tips and tools for quality improvement
- « patient satisfaction and other industry research findings
- « articles with ideas to help achieve success in your role

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Success Stories

2010 2 of 2

Press Ganey Associates conducts an annual Australasian success story competition –

Because good ideas should be recognised

The 2010 award-winning stories are a testament to the innovative efforts of our health care industry. We hope these experiences will enlighten and motivate individuals in all types of health care facilities.

2010 Winner
(October Snapshot)

- Hollywood Private Hospital

2010 – Finalists
(November Snapshot)

- St Vincent's Private Hospital, Sydney
- Benetas
- Bethesda Hospital
- Mater Private Hospital, Redland

2010 – Finalists
(December Snapshot)

- St John of God Hospital Murdoch
- Anglican Care
- St Andrew's Toowoomba Hospital
- Eastern Palliative care

FROM PULSE TO PASSION



St John of God Hospital Murdoch

St John of God Hospital Murdoch (Murdoch) recovered from a low ebb by building a culture of excellent nursing¹ care and professional recognition through sustainable systemic change.

The Problem

At the conclusion of the 2004/2005 expansion program, Murdoch faced a nursing shortfall, which, combined with the need to staff new beds, led to falling patient satisfaction scores.

Murdoch also faced an environment of increasing competition, increased patient expectations for quality and safety, a workforce under pressure and achievement of a KPI benchmark of 75th percentile ranking in Press Ganey (PG) surveys.

Previous action plans developed in response to survey results had generally been reactive. To strive for long term success, the management team's approach was to broaden themes and use a systematic rather than a symptomatic approach to achieve a minimum 75th percentile.

This is the story of how this approach led to sustained success in many areas, and most impressively, how Murdoch created a culture of excellence which resulted in a 99th percentile² ranking for nursing care in 2010.

Planning and Approach

When it became clear that a new approach was required for sustained success, Murdoch began creating the building blocks to enable continuous improvement.

Over a five year period a range of strategies were planned and executed which enabled Murdoch's nursing care ranking to climb from the 44th percentile³ in 2005 to the 99th percentile⁴ in 2010, with a range of strategies able to withstand and recover from the impact of the Global Financial Crisis (GFC) and associated workforce challenges.

¹ Note Nursing refers to Registered Nurses, registered midwives and enrolled nurses

² Inpatient satisfaction results 2010 period 1/1/10 to 31/3/10

³ Inpatient satisfaction results 2008 period 1/1/08 to 31/3/08

⁴ Inpatient satisfaction results 2010 period 1/1/10 to 31/3/10

Workforce

Although a workforce strategy and plan was developed for the 2005 new building expansion, Murdoch was unable to deliver enough staff to meet needs. Murdoch also faced a 12% nursing turnover and vacancy rate of 9.6%.

In response to this situation and to ensure long term sustainable workforce management, a Workforce Directorate with dedicated staff was endorsed. A revamped Workforce Committee with organisation wide focus determined priority areas, including organisational culture, a commitment to leadership formation and development, and caregiver participation and collaboration.

Further a review of the nursing structure and roles, and professional and technical educational requirements of the service, to enable nursing workforce growth and development, was undertaken.

Education and Training

To develop an environment capable of supporting a culture of excellence, Murdoch made a commitment to professional development, supported by increased resources created through the restructure of the Learning and Organisational Development service.

Strengthened partnerships with the VET and tertiary sector, and increased expenditure on training broadened the scope of learning opportunities for both clinical and nonclinical caregivers.

Focus groups encouraged creativity in resolving workforce issues, resulting in the development of new and innovative educational programs to support workforce growth. The three year graduate program remains unique to Murdoch and has proven a key motivator for student nurses to choose Murdoch and the hospital based EN program was a first in WA.

The approach to developing, supporting and training our workforce began to pay dividends, with improvements in nursing staffing levels, the PG nursing subscale results, and significantly reduced agency usage and costs.

Quality and Safety

In addition to addressing workforce issues, priority was given to quality and safety, with a focus on establishing a best practice framework to policy, procedure, clinical practice and audit using evidenced based practice and strong clinical leadership.

The appointment of the Director Quality & Risk enabled an improved safety and quality framework. This involved engagement of caregivers in multidisciplinary working groups to target clinical and quality activities to improve patient outcomes.

Leadership

Murdoch acknowledged that for sustained success in patient care, senior leadership had to support new strategies. The establishment of the two new Director positions, and a refocus by the entire Leadership Group on qualitative and quantitative measures including financial, clinical and quality indicators occurred.

These elements were recognised as core to the business and became imperative agenda items at the executive table. This was supported by strengthening collaboration amongst the broader Leadership Group through improved communication and participation.

Success Stories

The overall approach to safe and high quality patient care resulting in improved patient outcomes and nursing care satisfaction has been inspirational and acknowledged through external awards and recognition of achievements. The distinctive and sustained improvements in nursing care scores were seen as evidence of the success of strategies which created a culture of support and a commitment to professional development.

A by-product of these strategies has been the subsequent professional recognition attained by Murdoch caregivers.

The Director of Nursing was awarded a 2010 Royal College of Nursing Australia Merit Award for Innovation in Nursing. In addition, five nurses were shortlisted as finalists in the 2010 WA Nursing and Midwifery Awards.

The culture of excellence in patient care was further evidenced by a number of Murdoch nurses being recognised for going 'beyond the call of duty'. Murdoch nurses are regularly recognised as award nominees or by local media for extraordinary stories such as creating quilts for the families of deceased children and inventing a handmade sling to assist disabled mothers with breastfeeding.

External recognition including SJGHC being recognised as an Employer of Choice for Women, continued excellence in ACHS accreditation results and Murdoch's JBI accreditation, also evidence a culture of innovation and participation.



St John of God Hospital Murdoch Director of Nursing Robyn Sutherland and Coordinator Nursing Clinical Practice, Policy & Research Gail Ross-Adjie celebrate the JBI endorsement

Summary

This overall approach to systemic change enabled a gradual but sustainable improvement in many levels of patient satisfaction, and more importantly, created a culture of support for individuals to motivate themselves and their departments to greater success.

The approach of looking closely at the building blocks of successful patient care also enabled Murdoch to weather a large dip in patient care scores in 2008 during the challenges created by external factors.

Although the scores dipped for a variety of reasons, the robust and planned approach taken by Murdoch to support excellent patient care enabled recovery and continued the positive trajectory of nursing care score trends.

The challenges of 2008 spurred Murdoch to take further steps to support the workplace and consolidate a positive workplace culture, in the knowledge that a satisfied workforce will lead to satisfied patients.

The recovery in nursing care scores was staggering. The original momentum had seen the nursing care score rise from 46th percentile⁵ in 2004 to 67th percentile⁶ in 2007. In 2008, the ranking dipped to 44⁷, however the validity and quality of the strategies already in place saw the nursing care ranking rocket to 89th percentile in 2009, and 99th in 2010.

The continued business success of Murdoch has been partly attributable to reduced agency costs and staff turnover. In turn this supports a positive workplace culture, and inspirational nursing care "beyond the call of duty".



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⁵ Inpatient satisfaction results 2005 period 1/1/04 to 31/3/04

⁶ Inpatient satisfaction results 2007 period 1/1/07 to 31/3/07

⁷ Inpatient satisfaction results 2008 period 1/1/08 to 31/3/08



THE IMPLEMENTATION OF THE MEMORY MAGIC PROJECT

Anglican Care is an aged care provider operating throughout the Hunter and Central Coast regions in NSW. The organisation operates seven residential aged care facilities, together with community based services.

Anglican Care's Success Story centers around the identification and implementation of a unique therapeutic activity, Memory Magic™, into the Lifestyle and Wellbeing programs provided to their frail elderly and dementia residents.

A number of issues were identified via Anglican Care's Residential Care Services that prompted the organisation to source and implement additional activities. These included:

- Feedback from residents' family members as to the difficulty in communicating with their loved ones suffering from a dementia related illness.
- Communication from staff as to the need for additional activities that would increase social interaction and alleviate boredom in residents.
- Anglican Care's quality improvement program wherein the need was identified to ensure that residents within dementia specific units had access to meaningful activities as per individual needs.
- Results from the 2009 Press Ganey Satisfaction Survey wherein 'Variety of Activities' was included as one of the Top 10 Priorities for Quality Improvement.

A literature search was undertaken by Anglican Care's Lifestyle & Wellbeing Co-ordinator, in conjunction with staff in the Clinical Practice Unit. In identifying a suitable program, it was Anglican Care's goal to find a program that met the principles of the Habilitation-based Model of Care, the principles of which are being incorporated into Anglican Care's education and care models. This Model optimises function, minimises stress, promotes positive emotions and maximises success, in people suffering from dementia related illnesses.

The Memory Magic™ program was identified as meeting these principles. Designed in America by Creative Action LLC, the American Research demonstrated the following outcomes for residents using Memory Magic™:

- Significantly more engagement
- Significantly more positive social behaviours and interactions
- Number of negative behaviours remained the same (but in US National Institutes of Health and US National Institute of Aging research was significantly lower for Memory Magic™ vs. residents not using the program)

Following identification, a trial was held over a one month period and feedback collated from residents, staff, volunteers and family members. Feedback was extremely positive.

Discussions were held via the established meeting structures of Residential Care Services, with a decision being made at a senior level to purchase and implement the program.

A project team was established to oversee implementation, with Anglican Care's Executive Director of Residential Care Services as the Project Sponsor. The team utilised Anglican Care's Project Management Tools which have been specifically tailored to the needs of the organisation and based on the internationally accepted Project Management Body of Knowledge (PMBOK). The tools included training and communication methods.

Anglican Care's Lifestyle & Wellbeing Co-ordinator received training from representatives of Creative Action LLC via webinar and was also able to utilise training DVD's contained on their website. Training was then provided to Anglican Care's Lifestyle staff, with a Memory Magic 'Champion' being identified at each facility. It is essential to stress to staff that Memory Magic™ is not just a 'game' but a therapeutic activity.

The Memory Magic™ program is a unique therapeutic activity that combines general knowledge with reminiscence. Based on Montessori principles, the program was developed to provide an interesting and entertaining activity for people with cognitive difficulties. The objectives of the Memory Magic™ program are as follows:

- Promote the use of cognitive abilities and motor skills
- Stimulate social interaction
- Increase levels of engagement
- Increase positive emotions
- Reduce behavioural disturbances
- Create an enjoyable failure-free experience.

The program consists of 10 game boards (each with 9 moveable shades), 4 double-sided game cards and 240 double-sided calling cards. The calling cards providing talking points and cues to assist Lifestyle and Wellbeing staff to lead discussions amongst residents.

Anglican Care is the first aged care provider in Australia to purchase and implement Memory Magic™ into their lifestyle and wellbeing programs. The activity itself is innovative and creative in that participants are able to utilise long lasting abilities such as reading, habits and skills from the past, reminiscing and interacting with each other in a structured and supported social setting.

To enable Anglican Care to fully evaluate the benefits of the program on their residents, they established a relationship with Swinburne and Monash Universities, who carried out an evaluation of the program pre and post implementation.

The study addressed the elements detailed below:

- (1) To determine the degree of resident engagement (verbal and nonverbal social interaction) whilst participating in the Memory Magic™ program.
- (2) To implement the use of the Memory Magic™ program in an attempt to increase the longevity of cognitive and emotional abilities of dementia residents while reducing certain behaviours characteristic of this illness.

The evaluation commenced on 29 March 2010 and ran for 12 weeks. The research involved specific groups of Anglican Care's residents participating in Memory Magic™ and other existing activities, for periods of one hour, two times per week. Residents were observed during these sessions and information on the residents involved in the research collated pre and post implementation.

Residents were videotaped during some sessions of Memory Magic™ and information on behaviours collected. A clinical measure of mental and cognitive health was administered to participating residents.

Although the formal results of the research are not yet available, observations from Anglican Care's staff show significantly more interaction between residents participating in the Memory Magic™ program as opposed to those residents involved in other similar activities. Anglican Care has also received positive feedback from staff and residents via their feedback systems as outlined below:

- *Manager and staff commented that residents responded well to activity and actively participated. One resident that cannot sit due to agitation, sat through the whole game and worked as a team.*
- *Thought it was interesting – enjoyable.*
- *Really fun – we loved it.*
- *Game was great, with lots of possibilities. Residents loved the activity and it's easy to set up.*
- *Excellent – the game is very interesting.*
- *A resident of Fred Lean Hostel thought Memory Magic was a great game. Even though the resident was unable to see the board she was still able to participate by answering questions and looks forward to playing again.*
- *We liked the interchangeable cards with white or black backgrounds.*
- *Easy to play, well explained. I enjoyed playing.*

Additionally, since the implementation, Anglican Care's staff across all sites have reported a number of interactions where residents have shared stories of their past memories. Not previously known, these stories have resulted in greater understanding and empathy between fellow residents and staff members. Some residents have advised feeling sick or sad at the start of sessions, but by the end of the session they were laughing and felt better.

In addition to the outcome of the research, results of the implementation will continue to be monitored via feedback mechanisms, quality improvement programs, staff climate surveys and Press Ganey Satisfaction Surveys.

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St Andrew's Toowoomba Hospital

CARING FOR THOSE WHO CARE

The Problem or Situation

The Press Ganey patient satisfaction survey conducted during September 2009 at St Andrew's Toowoomba Hospital demonstrated a large decline in patient satisfaction in the mental health unit from the previous survey in 2007, with the main area of concern relating to nursing care. Mental health patients completed the usual inpatient satisfaction survey and not a 'mental health' specific survey, however results were able to be compared to the inpatient mental health database percentile scores for 2009 via Press Ganey.

The nursing care results demonstrated the following:

- Courtesy of Nurses: 2007 result - 89.3; 2009 result - 75.9; Lowest 10% 76.5 in mental health database
- Nurses attitude towards requests: 2007 - 85.0; 2009 result - 71.6; Lowest 10% 66.7 in mental health database
- Attention to special/personal needs: 2007 result - 81.0; 2009 result - 69.4; Lowest 10% 70.7 in mental health database
- Nurses kept you informed: 2007 result - 77.5; 2009 result - 66.1; Lowest 10% 67.1 in mental health database
- Nurses effort to include you in decision: 2007 result - 85.5; 2009 result - 69.6; Lowest 10% 66.7 in mental health database

A consultative meeting between the Chief Executive Officer, Director of Clinical Services, Mental Health Unit Clinical Nurse Manager and the Psychologist considered the question of whether nursing staff were experiencing burnout and compassion fatigue resulting in a lack of empathy for patients.

Planning Methods

The decision was made to develop a Professional Quality of Life survey to measure nursing burnout and compassion fatigue. The survey was developed by the hospital Psychologist and considered compassion satisfaction, burnout and compassion fatigue. Depression, anxiety and stress were measured using the Depression Anxiety Stress Scale (DASS). The evaluation encompassed all nursing staff within the hospital to identify areas of concern and subsequent improvements which could be implemented to improve the quality of their nursing staff's working life and reduce compassion fatigue, thus improving patient satisfaction with care.

A Self Rating Scale (SRS) survey tool was developed and implemented in early 2010 to allow timely measurement of patient satisfaction in the mental health unit and identify if actions taken were having an impact. This SRS survey tool considered whether patients:

- Received information about their rights on admission
- Received an appropriate ward orientation
- Received knowledge about how to make a complaint
- Had a preference for seeing a staff member of the same gender
- Received an understanding about their religious and cultural beliefs and rights
- Received an individual care plan
- Family/ carer received information
- Received information about their medications
- Considered discharge planning at outset
- Had a sense of hope about getting better
- Felt that staff listened to the patient during the admission process
- Felt that staff respected them during the admission process
- Felt staff were approachable
- Were made aware of Inpatient Group facilitator role

The SRS was conducted daily initially but was quickly converted to a weekly exercise after feedback from patients that they did not enjoy having to complete self rating criteria every day as was required with the original tool, although the daily catch up with the Nurse Manager when she distributed the survey was found to be valuable. The tool was revised to a weekly feedback option after a period of months, and then again finally to the current model which sources the patient's SRS feedback on their day of discharge. The Clinical Nurse Manager continues to complete a daily round to allow the opportunity for patients to express any concerns quickly allowing prompt resolution of any areas of concern.

Programs and Initiatives

The survey was developed by Dr Sandra Baker (Psychologist) and titled "Caring for Those Who Care". This title was born out of a discussion with a nursing colleague by Dr Baker during the development phase of the project and was approved by the Director of Clinical Services who remained involved throughout the project. The purpose of the survey was to capture a snapshot of the Professional Quality of Life, and Depression, Anxiety and Stress levels in nursing staff at St Andrews Toowoomba Hospital.

Staff development programs to address issues would then be organised for nurses in the form of workshops conducted by Dr Baker and included in the hospital annual in-service calendar. A detailed handout was provided which allowed staff to access valuable resources on stress, anxiety, depression and burnout from their home computer. The overall aim of the survey was to provide nursing staff throughout the hospital with feedback they could use to enhance psychological well-being whilst being employed at the hospital.

The project was promoted to nurses as being a unique opportunity for the hospital executive to identify professional development and personal growth opportunities for nurses. The survey was conducted during April 2010. 200 surveys were distributed and 97 were returned which represents a response rate of 48.5%.

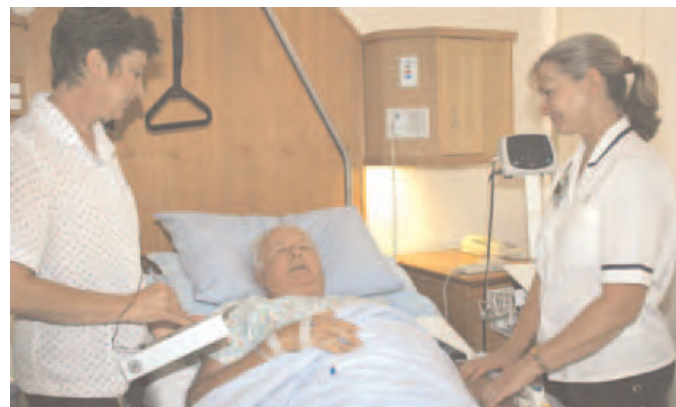
It is important to highlight that the DASS is a screening tool that is designed to highlight the existence of symptoms, not to diagnose them. Such diagnosis can only be made by a qualified mental health practitioner.

Results of Programs and Initiatives

The results for the DASS and ProQOL subscales demonstrated the following:

- 70% of nurses reported experiencing moderate symptoms of depression
- 39.2% of nursing staff indicated they suffer with moderate symptoms of anxiety
- 25.8% of nurses experience moderate symptoms of stress
- 30% of nurses indicated a high level of compassion satisfaction
- 21.7% of nurses indicated they experience symptoms of burnout
- 23.8% of nurses reported they experience high levels of secondary traumatic stress

Results showed that a significant number of nursing staff experienced stress, anxiety and moderate levels of depression. It also demonstrated that a reasonably high level of compassion satisfaction, or the pleasure staff derived from their work, was present, with the most satisfaction experienced by nurses in the Perioperative unit and Intensive Care Unit. The mental health nurses experienced the lowest levels of compassion satisfaction and the highest levels of burnout as was anticipated.



Survey results allowed the identification and implementation of education strategies including the inclusion of workshops conducted by the Psychologist on topics including depression, anxiety, stress, burnout and secondary traumatic stress in the internal education calendar. It needs to be noted that the data from this survey does not allow for conclusions to be drawn in relation to whether nurses' symptoms of depression, anxiety, stress, burnout and secondary traumatic stress are due to organisational factors, personal factors or to a combination of both. Introduction of the workshops and a forum where staff can debrief regularly has, however definitely contributed to an improved staff patient impact.

Evaluation of the SRS feedback now received on the discharge date demonstrates mental health unit patient's overall satisfaction in relation to nursing care related feedback has improved with 86% reporting that staff listened to them during admission, 93% reporting staff respected them during their admission and 93% reporting staff were approachable about patient concerns.

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CARING FOR STAFF – PROVIDING A SAFE WORKPLACE WHEN THE VEHICLE IS THE WORKPLACE

Eastern Palliative Care (EPC) is a community based not for profit palliative care service, which provides an interdisciplinary service across 2963 square kilometres of the eastern region of Melbourne to home based clients who have palliative care needs. Three teams are strategically located throughout the region to provide clinical, psychosocial, emotional and spiritual care to the clients and families (however styled). Each team is comprised of medical and nursing staff as well as complementary therapists, grief and bereavement counsellors, pastoral care workers, social workers, psychologists and volunteers.

The areas covered by the service are extensive, ranging from the Inner Eastern suburbs to the vast Yarra Ranges (the area of the disastrous 2009 bushfires). The Yarra Ranges cover 2,500 square kilometres and stretch from the densely populated outer eastern suburbs up into the surrounding foothills, then to the more sparsely populated agricultural valleys and forested areas of the Great Dividing Ranges. EPC employs approximately one hundred staff and apart from the corporate and administrative staff, all clinical staff visit clients in their homes. EPC provides a fleet of vehicles to facilitate home visits.

For many health care workers at EPC, the car becomes their workplace. Nursing staff carry Lap Tops to facilitate note taking and reference through EPC's electronic medical record system called PalCare.

The Problem

EPC vehicles travelled 455,832 kilometres from 1st October 2008 – 30th September 2009. Approximately 7693 hours were spent in travel during that time. In reviewing incident data it was noted that car crashes had risen from 10 to 28 during the same period. Car incidents formed 64% of total OH&S incidents for that period.

Although no health care worker had suffered serious injury as a result of these crashes the potential was always there and we could not afford to sustain this rate of increase. Apart from the potential for serious injury to staff, smashes caused disruption to work schedules, costs for excess and damage repairs and increased motor vehicle insurance and excess.

Planning Methodology

Initially monthly incident graphs began to show a trend which was reported by the Quality and Risk Coordinator to the OH&S Committee and to the CEO. Following discussions, key personal including several clinicians were invited to attend a SWOT Analysis conducted by the CEO. Incidents were collated and analysed by category, time of crashes, type and colour of vehicles as well as costs related to incidents.

Current processes were examined in relation to purchase of vehicles, staff orientation, training, incident reports and trends. EPC found that although they had a vehicle contract that provided excellent financial results and service, four years ago safety rating of vehicles was not used for choice of car.

EPC noted that although new staff were orientated to the premises they had no orientation of vehicles and new staff only needed to provide a copy of their licence and comprehensive insurance policy when first employed.

Although vehicle safety driver education was meant to be provided annually as part of EPC's fleet contract, this did not always happen and there was no follow up if staff did not attend.

Incident reporting did increase in 2009 due to the higher profile of using incidents to improve services but there was no follow up if staff were involved in multiple car incidents.

Trends showed an increase in damage from 2008 until the end of 2009 which meant an increase in insurance premiums.

Two important concepts arose from this analysis:

1. Although there was a great deal of support for people following a crash there was no policy or process map referring to car crashes nor was the episode turned into a learning exercise for the employee and EPC.
2. EPC identified that they needed to prepare people prior to going out in an EPC vehicle and that staff needed to understand that the vehicle is a workplace.

Programs and Initiatives

Our overall goal was to develop a "Safety First" culture with the aim of making each person a safer driver.

To facilitate their program goal EPC embarked on the following initiatives:

1. All present staff (including corporate, administrative and clinical staff) underwent a driver education program with an expert driving company "Murcotts Driving Excellence" consisting of a Defensive Program Level One 3 hour education session followed by a practical personal coaching and driver assessment on the road. This was provided free of charge by EPC.
2. Orientation of new staff would include motor vehicle orientation. EPC vehicles would not be used until vehicle orientation had been completed and signed off. New staff would also undergo the above program in their first week of employment.
3. When employing new staff their current licence and licence restrictions would be checked as well as Victorian Roads records re: demerit points and comprehensive insurance policy. This will be included in the position description of the applicant.
4. A checklist was developed for EPC staff to check the state of the vehicle before they drive a vehicle.
5. A Policy and Process Map was developed regarding the safe driving program.
6. Clinical leaders were educated regarding the management of incidents relating to car smashes and the culture that EPC uses incidents to learn and drive changes.
7. EPC developed a tender document listing the requirements for their next motor vehicle contract identifying the safety rating that they require for vehicles, which has been discussed with their insurers.
8. Follow up workshops will be held each year and attendance will be a mandatory requirement.

Results of Programs and Initiatives

EPC commenced the driver training program in June 2010 with a launch and presentation conducted at each site by the CEO. The problem was explained and the initiatives that were to be undertaken, including the actual driving program, were outlined. The fact that the CEO was steering this program and was herself taking part in it and the Board had endorsed it, meant that staff accepted and embraced the program, although many staff were nervous about the practical driving session. Each staff member was presented with a show bag containing cap, ruler, poster, documentation about driver safety and a tyre pressure gauge.

All EPC staff attended the program. Staff that were absent had been organised by EPC to attend later sessions. There have been no adverse comments and evaluations have been very positive. The program has also had a positive effect on staff morale as EPC staff feel that they are being valued by the organisation.

Although the program has only been in progress for three months, already car incidents have decreased from 73% (Jan - Jul 2009) of total OH&S incidents, to 29% (Jan - Jul 2010). Since the program commencement in June 2010 there have been no smashes, scratches or dents to any vehicle at EPC in spite of it being in the middle of the wet Melbourne winter.

For EPC staff the program has already been successful because it has taught them to be more safety conscious inside and outside of work. It has also taught them new driving skills, such as looking forward because we are already seeing the immediate. This correlates with the organisation's vision of looking forward because we are already dealing with the present.

From an insurance perspective it is hoped that data will impact on premium when matched to account claims from the past three years.

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